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	3	APRIL 20, 2017 MEETING
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The foregoing meeting was held, pursuant to notice, on Thursday, April 20, 2017, beginning at the hour of 1:00 p.m., at the Public Health Building, 275 East Main Street, 2nd Floor DCLC Room A, Frankfort, Franklin County, Kentucky, 40601, Ms. Lindy Lady presiding.

1 MS. LADY: I think we should get started and let Dr. Sosnin get with us when he arrives. 2 everybody has signed in. Everybody has got their 3 4 agenda. At the last -- first of all when we speak, 5 anybody that speaks you need to say your name 6 7 for the court reporter so she get you on the 8 record. So my name is Lindy Lady and I am on 9 staff with KMA. We can still go around the room because there are some new faces today. 10 11 introduce ourselves real quick. 12 13 PRESENT: 14 15 Jeana Jolly 16 Justin Dearinger 17 Gil Liu 18 Cathy Stephens 19 Angela McGraw 20 Stephanie Bates 21 C. J. Jones 22 Steve Miller 23 Noel Harilson 24 Marie Rains 25 David Hiestand

1 Steve Houghland 2 Howard Shaps 3 Kathy Laport 4 Lindsay Chatham 5 David Bolt 6 Howard Miller 7 Stephanie Woods (telephonically) 8 9 MS. WOODS: I wanted to get down there but I 10 didn't get away. So thank you for having this 11 option. 12 You are welcome. MS. LADY: 13 So one of the things from the last minute was 14 Dr. Sosnin recommended that we have an old 15 business update just to give status. Because some 16 of these issues kind of -- they need more 17 The MCOs sometimes have to take or they research. 18 need examples. And so he wanted to add that. 19 we added that to the agenda. And that's the first 20 item there, the old business update. 21 The minutes from the November were sent out 22 to the TAC members. We did opt not to publish the 23 minutes. That was something that we talked about 24 at the last meeting. They are like 100 pages or

So what we tried to do is take the old

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more.

business and kind of the new and just give you the summaries, kind of the highlights or the hot topics.

But they are available for your review.

We talked about provider enrollment timeliness at the last TAC meeting and timeframes were provided to us from the MCOs. And I was chatting before the meeting. And it was interesting. GLMS had their Medicaid round table this morning and that was one of the topics of conversation there. So there is some follow-up there.

But from my understanding, from Lee Guice, was that the MCOs all strive for 90 days which is the same as the Medicaid.

The prior authorization form for prescriptions is in place and available on-line. That was one of the things that we were happy to be able to educate our members about. The MCO contracting is ongoing. The commissioner actually gave us a very nice report about that at the last MAC.

One of the issues that's outlined in red still is ongoing, it is the physician attribution with HEDIS and patient attribution impact. That's

an ongoing discussion between all of us and the Primary Care Association and the KMA. We are still struggling with that and trying to figure out some things. But I don't really have an update on that. If David were here and he is not stuck somewhere, he could probably give you an update. But we are still working on -- working with the MCOs on how to improve that.

The coverage for all childhood and adult vaccines chart, that was also provided for us. The status of TAC recommendations was something that Dr. Sosnin wanted to see. So I just made a separate, a very, very brief sheet about for the past 12 months the recommendations that have been made by the physician TAC and the ones that were approved. So you can take a look at them.

The screening brief intervention and referral treatment, the SBIRT, that was recommended and it was approved. And those additional codes were added by Medicare so that those could be covered services.

And, of course, the tobacco cessation was a recommendation by the TAC. And it ended up being a legislative issue. And we were very happy about that.

We do have a new recommendation that we can talk about, well, I guess now. So one of the things that we have been talking about, the Kentucky Medical Association and the Primary Care Association, has been talking about -- we talked a little bit about this at the Medicaid directors meeting yesterday, the medical directors' meeting, is about using quality data codes.

The recommendation is very basic. We would like for the Cabinet to kind of think about this and research the possible use of CPT data tracking codes just as a way to get kind of a more efficient way to collect and validate provider performance data. And it comes about, this is a -- as everybody here knows -- it is a fairly complicated issue. This came about when we talk about the way the attribution happens with physicians when they have patients that are attributed to them and they don't ever see them. And that can hurt them on different quality.

That's one issue.

So this is kind of a spin off of that. So we are really interested in this. And we don't want to give up on it because we feel like that it is an important topic because that's the way the

world is evolving, at least for most of the practicing physicians that see both Medicare and Medicaid patients.

that and that's our ask. And this recommendation could tweak a little before it is presented to the MAC. Because the Primary Car Association, they will probably have some tweets and comments on it. But it will basically be just to sort of start thinking about this and how we can use those measures and align both Medicare and Medicaid to look -- I don't want to say similar because I don't want stuff thrown at me -- but you know what I am saying. It kind of goes back to what we talked about at the SIM and some others. And then we would want the MAC to report those findings.

well. And this will kind of -- but that's the general idea. So that would be the new recommendation. It will be a recommendation from both KMA and the Primary Care Association. So we are working jointly on this project and they have a big interest in this. This has been a big issue for some of -- many of their members. And they don't want to give up on this either. So --

One of the questions that Dr. Sosnin asks every time that we have a TAC meeting is when we would have a MAC representative. And we did submit 3 names. That those representatives, of course, are appointed by the governor and we just don't know yet. I don't know. Commissioner, do you know anything?

COMMISSIONER MILLER: I do not.

MS. LADY: We have asked the question and we have followed up a few times. And there have been some new MAC members appointed, just not from the -- we submitted 3 names. And so that has not happened yet. And we don't have an ETA. We would like to have a seat at the MAC on the council that would represent physicians. But it has to be done by the governor so we sort of can't control that.

This is going fast without Dr. Sosnin. This is a much faster meeting.

One of the things, there are a couple of new issues. Senate Bill 89, the tobacco cessation.

And then the other one is retrospective audits and names of audit subcontractors. And I will kind of talk for a second about one of the things on the tobacco cessation is that there will be -- some of the MCOs were already paying all of the codes that

will now be covered. And we just want to make sure that all of the MCOs have that on their radar and they have their files updated and sort of this is kind of a reminder about that.

This morning at the Medicaid round table, CPT codes were kind of a hot topic of discussion. So there was sometimes all covered services somehow do not get loaded into a system file or the codes loaded and there is a little misstep in it. So we just want to make sure. And we will probably send out a reminder.

Were your ears burning?

MR. HOLT: No. It doesn't work that way. I had to get my exercise walking in from Lawrenceburg.

MS. LADY: So as, again, on the tobacco cessation, we probably will send out kind of a -- just a note to the MCOs just to find out where you are on that. And that's just because that was -- it is really important to our members and they are not going to stop asking me about it so I can't stop asking you about it.

The other question, and this is really a Passport question so far. This could happen with other MCOs. But my only experience is with

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Passport. And it has to do with retrospective audits. And so what happened with some of our members, of course that's not a new subject to them, but it was a new auditor for them. So there was a sub-contractor that Passport had. it is Optum. So the question was and so the physician got audited and we took it through -she is taking it through the appeals process and et cetera. And the question when she was chatting with me was, well, how do I know about this? I said I remember Passport a couple of years ago at a meeting said they were going to do this. Because I remember when you talked about that. didn't know the name of the contractor them.

So I told her they had mentioned it.

So then the next question was, does Optum or Passport, would you at some point share audit findings kind of not private details but like general if you are looking at evaluation and management services, you would publish what those findings were at some point on those D&M. that be something that you would do?

DR. HOUGHLAND: I don't think that was something that we had planned but it is something we could take back to see. And if you identified

a setting, I don't see that that is a lot of the issue. I guess one of the things I will have to check to see is what our agreement with Optum will allow us to disclose as well. So I am not sure what that contract actually says.

But if there is not a prohibition in doing that, then the D identified information I think could be helpful and insightful.

MS. LADY: It could help physicians I think in knowing. Like on the other insurers, Medicare for example, they have a huge problem with physician's signatures and they do a lot of education. And they tell us they are like, Lindy, tell the physicians to sign or to electronically close the record. And so then we put out reminders about that and stuff.

So that's what I --

DR. HOUGHLAND: Okay.

MS. LADY: And the other question was, would that come from Passport or the audit contractor like if there were education? Optum probably doesn't do education I am guessing. They probably contracted to do the audit.

DR. HOUGHLAND: Correct.

MS. LADY: That's the way I explained it.

Okay.

DR. HOUGHLAND: I believe. Again, I am not privy to all of the details of the contract. But I am not familiar with them going and doing any education. That generally comes back to us to in our team to go back out and kind of help people understand the results of the findings.

MS. LADY: Okay. Are there other MCOs that have similar arrangements where they have a sub-contractor that does audits? Anthem, I think, does, too. But I haven't.

MS. RAINS: Are you wanting the names?

MS. LADY: Well, what might be a good idea is if you are an MCO and you sub-contract with an Optum or another company to do audits, then we could just kind of provide physicians, give them a heads up, okay, even though you are familiar with Passport, you are familiar with Anthem, you may get records requests from this contractor on behalf of them. And the letter that they get probably says that. But I think it would help.

MS. RAINS: Sure. Sure.

MS. LADY: If I knew that, if other people have similar arrangements and we would get it out on our website and share with our members. I

1 think that would be helpful. 2 MS. RAINS: I can provide you a list. 3 MS. LADY: Okay. 4 We talked a little about the TAC 5 recommendation. But I was like, you probably 6 would have more to say about it when you showed 7 up. 8 MR. BOLT: No. We are going to bring it up 9 to our TAC next week. We are in step with you 10 all. 11 MS. LADY: Okay. So we will discuss this 12 next week at the Primary Care Association TAC as 13 well. But I told them we have a real interest in 14 in this because we think that we can at least 15 start looking at this preparing in different ways 16 for the future and just as a matter of a little 17 bit easier way to report data. 18 So that will be a recommendation. So it may 19 be tweaked a little bit before it finally gets to the MAC. And I also said that this went much 20 21 faster without Dr. Sosnin in here. So we can 22 probably --23 MR. BOLT: So the only doctors in the room 24 are MCO folks? I got you. 25 MS. LADY: So we can probably go ahead and go

1 straight to round table if you would like. 2 Stephanie, do you have anything you want to bring up from the Medicaid round table this 3 4 morning that you would like to discuss with this 5 group? 6 MS. WOODS: Let me look at my notes and get 7 back with you on that. 8 MS. LADY: Okay. We will just keep going 9 then. David, do you have anything? 10 DR. HIESTAND: No. No. 11 MS. LADY: Just keep going. CareSource? are going to -- definitely you are going to be 12 13 back in Louisville on time, Dr. Shaps. 14 Do you have anything? 15 DR. SHAPS: No. DR. HOUGHLAND: No. 16 17 MS. LADY: Dr. Houghland, Dr. Hiestand? 18 Marie, you have to have something. 19 MS. RAINS: I always have something, Lindy. 20 We have known each other a long time. 21 I just wanted to share that we just received our NCQA accreditation yesterday. So that's news 22 23 from the Anthem side. 24 MS. LADY: Very nice. This row? 25 MS. CHATHAM: No, I am good.

1 MS. LADY: Angela? 2 MS. MCGRAW: No, thank you. I am good. 3 MS. LADY: Angela is a new face. She came in 4 all the way from Paintsville. She is a Passport 5 provider relations rep. I met her today and we 6 had only talked on email until today. 7 Stephanie, do you have any updates? 8 MS. BATES: No. 9 MS. LADY: C. J.? 10 MS. JONES: No. 11 MS. WOODS: Are you talking to me? 12 MS. LADY: Stephanie that's here. C. J. -- I 13 have an announcement. C. J. just got her coding 14 certification. She passed her test the first 15 time. 16 MS. JONES: Thanks to you. You helped a lot. 17 MS. LADY: Commissioner, what do you want to 18 tell us? 19 COMMISSIONER MILLER: You know, there is not 20 many times I walk in someplace with really nothing 21 to say but today would be one of those. I didn't 22 come for any particular reason other than to be 23 here and just kind of see and be a part of it. is going to be one of the quickest meetings on 24 25 record. But, yeah.

1 MS. LADY: Stephanie, we are back to you. 2 MS. WOODS: Well, I can't be of any help 3 I think Lee did a great job this morning 4 addressing all of the concerns we had related to 5 And I appreciated the MCOs being there. 6 I think we have an answer on everything. 7 MS. LADY: Did you want to say anything about 8 the attribution? I just said that that was still 9 kind of ongoing this one. 10 MR. BOLT: I don't know what the MCOs have 11 done about the cleanup on patient assignment for 12 But we are told that they are moving on others. 13 that rather quickly. A couple were somewhat 14 outside the mileage limits per their contracts. 15 We are seeing about a 95 percent rate of accuracy 16 now that they are within the 45 or 35-mile radius. 17 So hopefully they will expand that out to all 18 other providers across the state. 19 MS. LADY: Okay. I don't have anything else. 20 I am so sorry that Dr. Sosnin -- I did expect him 21 to be here. He did confirm. So I don't know if 22 he really is stuck on an elevator. So I apologize 23 that our chair was not able to be here today even 24 though we got through everything very quickly. 25 Does anybody have any final questions at all?

MR. LIU: I will just make one brief comment.

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get out to its members, we are happy to do that.

So if you have anything that you want KMA to

Last year we didn't assemble providers for the tradition of annual Medicaid forums. year we are pretty sure we are not going to forego that valuable opportunity to gather. And likely the focus will be on behavioral health, or at least a significant portion of that time together.

So be on the lookout. We completely will rely on this TAC to help us plan and bring every bit of value out of that commitment of time and resources. So likely in the early fall. But we need to get some meeting planning and logistics put together.

So I wanted to make sure you didn't think you are going to get away with another year of that.

MS. LADY: I think people really like the open forums, though. Those always get a good turnout. If anybody else has events -- I know that you all have -- there is a rural health. you have events, like if you are doing a workshop for a particular MCO or a special session, if you share that with us, we will put it on our events calendar.

	1	We do that for a lot of other associations and
-	2	kind of public health events. So just let me know
	3	and we will get it on our events calendar and it
	4	goes out to all of our members.
	5	And thanks for that reminder. We are done.
	6	Thank you all.
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1	CERTIFICATE
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3	STATE OF KENTUCKY
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6	I, Georgene R. Scrivner, a notary public in
7	and for the state and county aforesaid, do hereby
8	certify that the above and foregoing is a true,
9	correct and complete transcript of the meeting of
10	the TECHNICAL ADVISORY COMMITTEE ON PHYSICIAN
11	SERVICES, taken at the time and place and for the
12	purposes set out in the caption hereof; that said
13	meeting was taken down by me in stenotype and
14	afterwards transcribed by me; that the appearances
15	were as set out in the caption hereof; and that no
16	request was made by counsel for any party that the
17	transcript be submitted for reading and signature.
18	Given under my hand as notary public
19	aforesaid, this the 4th day of May, 2017.
20	Xlugen/C
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